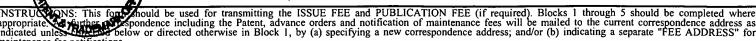
PART B - FEE(S) TRANSMITTAL

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| APPLICATION NO. | FILING DATE | <u> </u> | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 10/768,331 | 01/30/2004 | I | Albert R. Anctil | ` | 18005 USA | 6536 | |
| · | | TION MOLDING A PRI | EFORM INCLUDING A R | ADIALLY EXTENI | | 0330 | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO. | \$1400 | \$300 | \$0 | \$1700 | 03/27/2007 | |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS |] | | | |
| WOLLSCHLAGER, J | EFFREY MICHAEL | 1732 | 264-537000 | | | | |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | |
| . ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | | | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| Owens-Illinois Prescription Products Inc. Perrysburg, OH, USA Please check the appropriate assignee category or categories (will not be printed on the patent): | | | | | | | |
| | o small entity discount p | ermitted) | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-08/5 (enclose an extra copy of this form). | | | | |
| a. Applicant claims | us (from status indicated SMALL ENTITY statu | s. See 37 CFR 1.27. | ☐ b. Applicant is no lon | ger claiming SMALI | L ENTITY status. See 37 CF | FR 1.27(g)(2). | |
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| Authorized Signature | |) . 5.1 | | | 2-19-2007 | | |
| Typed or printed name | Susan L. Smi | th | | Registration No. 53,618 | | | |
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| Docket No. 18005 USA | _ Mailed on: | March 26, 2007 | | | | |
| Inventor(s): Albert R. Anctil, F Tasadduq Hussain Title: Injection Molding | Richard L. A]] | en, | | | | |
| was received on that date. |) | | | | | |
| Serial No. <u>10/768,331</u> | | | | | | |